

FEC FORM 2 STATEMENT OF CANDIDACY

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2017 OCT 17 AM 9: 36

(a) Name of Candidate (in full)												
										•		
Heller, Dean. , ,							,		•			
(b) Address (number and street) PO Box 371907						2. Candidate's FEC Identification Number						
(c) City, State, and ZIP Code					3. Is 7	-	B . 175	ew.		5	Amended	
Las Vegas		NV	89137			tement	1210	<u>4)</u>	OR		(A)	
. Party Affiliation	5. Office Sought			6. State & Dis		ndidate						
REPUBLICAN PARTY	Senate			NV	00	. —						
DI	ESIGNATION O	F PRING	CIPAL (CAMPAIG	N COM	MITTI	ΕE					
7. I hereby designate the following na	med political committe	ee as my P	rincipal C	ampaign Com	mittee for	the	2018 ar of elec		electio	n(s).		
NOTE: This designation should be	filed with the appropri	iate office li	sted in the	e instructions.								
(a) Name of Committee (in full)	·											
Heller for Senate												
(b) Address (number and street) PO Box 371907	-:							i-				
PO BOX 37 1907												
(c) City, State, and ZIP Code											-	
Las Vegas	\			NV	89	137						
8. I hereby authorize the following na	•	•	undraising	THORIZED Representati Il campaign ∝	ives)			kpend	funds	on bel	nalf of my	
8. I hereby authorize the following na candidacy. NOTE: This designation should be	med committee, which	h is NOT m	undraising y principa	g Representati il campaign ∝	ives)			kpend	funds	on bel	nalf of my	
candidacy.	med committee, which	h is NOT m	undraising y principa committe	g Representati Il campaign co ee.	ives)			kpend	funds	on bel	nalf of my	
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candidacy. NOTE: This designation should be (a) Name of Committee (in full) PROTECTING THI (b) Address (number and street) 228 S WASHINGTON ST ST	med committee, which	h is NOT m	undraising y principa committe	g Representati Il campaign co ee.	ives) ommittee, t			xpend	funds	on bel	nalf of my	
candidacy. NOTE: This designation should be (a) Name of Committee (in full) PROTECTING THI (b) Address (number and street) 228 S WASHINGTON ST ST (c) City, State, and ZIP Code ALEXANDRIA	med committee, which filed with the principal E MAJORITY	n is NOT m	undraising y principa committe	g Representati	ommittee, t	o receiv	e and ex				nalf of my	
candidacy. NOTE: This designation should be (a) Name of Committee (in full) PROTECTING THI (b) Address (number and street) 228 S WASHINGTON ST ST (c) City, State, and ZIP Code ALEXANDRIA	med committee, which	n is NOT m	undraising y principa committe	g Representati	ommittee, t	o receiv	e and ex				nalf of my	
candidacy. NOTE: This designation should be (a) Name of Committee (in full) PROTECTING THI (b) Address (number and street) 228 S WASHINGTON ST ST (c) City, State, and ZIP Code ALEXANDRIA I certify that I have ex	med committee, which filed with the principal E MAJORITY	n is NOT m	undraising y principa committe	g Representati	22 and belief	o receiv	e and ex				nalf of my	
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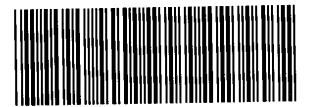
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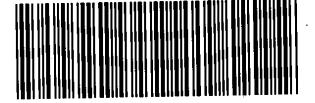
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